



# Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

## SECTION ONE: Display and/or Deployment Information

Case Number:	21BU 018877	Location of Incident:	38 Monroe #4, Burlington, VT
Date of Incident:	11-8-21	Time of Incident:	1840
CEW Model:	X2	CEW Serial Number:	X3000 CEVO
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input type="checkbox"/> Drive stun mode	No. of cycles:	
		Location where was CEW held against subject's body:	
Was a recording device running at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form)			
Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what charge(s): VAPo/warrant			

## SECTION TWO: Incident Information

1. Subject Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess): 32	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown														
4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6)																
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5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply:																
<table border="0"><tr><td><input type="checkbox"/> Subject notified officer</td><td><input type="checkbox"/> Civilian witness</td></tr><tr><td><input type="checkbox"/> Professional witness</td><td><input type="checkbox"/> Dispatch</td></tr><tr><td><input type="checkbox"/> Personal perception of the subject</td><td></td></tr></table>			<input type="checkbox"/> Subject notified officer	<input type="checkbox"/> Civilian witness	<input type="checkbox"/> Professional witness	<input type="checkbox"/> Dispatch	<input type="checkbox"/> Personal perception of the subject									
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6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																
7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? <input checked="" type="checkbox"/> No (If no, go to Section Three) <input type="checkbox"/> Yes																

If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> After the display or deployment Other comments:
8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply: <input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact; <input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation; <input type="checkbox"/> Professional provided limited positive or helpful impact on the situation; <input type="checkbox"/> Contact was attempted but no one could be reached; <input type="checkbox"/> Professional helped reduce the time officers had to be at the scene; <input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department; <input type="checkbox"/> Professional helped provide appropriate follow-up and service provision; <input type="checkbox"/> Intervention was ineffective.
<b>SECTION THREE: ADDITIONAL INFORMATION</b>
Decision to use CEW was based on: <input type="checkbox"/> Active aggression of subject; <input checked="" type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur; <input checked="" type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.
What was the subject's response to the use of the CEW? <input checked="" type="checkbox"/> Subject was compliant directly after use of CEW; <input type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force; <input type="checkbox"/> CEW failed; subject had to be handled through other means. State reason for failure if known:
Was any other force used in addition to the CEW? Check all that apply: <input type="checkbox"/> OC <input type="checkbox"/> Firearm <input checked="" type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> other (describe): Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input type="checkbox"/> After
Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by whom? <input type="checkbox"/> Officer <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals
Check any box below relating to noteworthy details not already described: <input checked="" type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge; <input type="checkbox"/> Subject was near or in water at time of incident; <input type="checkbox"/> Subject was wearing heavy clothes; <input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot; <input type="checkbox"/> Subject was fleeing when CEW probe shot.
Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If no, describe why not:

Return this completed form via scan or email to:  
 Executive Director Richard Gauthier  
 Vermont Criminal Justice Training Council  
 317 Academy Road, Pittsford, VT 05763  
 Tel: (802)483-6228 Fax: (802)483-2343  
 Richard.Gauthier@Vermont.Gov



# Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

## SECTION ONE: Display and/or Deployment Information

Case Number:	21BU01887A	Location of Incident:	38 Monroe #4
Date of Incident:	11-8-21	Time of Incident:	1840
CEW Model:	X2	CEW Serial Number:	X3000CUM7
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input type="checkbox"/> Drive stun mode	No. of cycles:	
	Location where was CEW held against subject's body:		
Was a recording device running at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form)			
Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what charge(s): Warrant			

## SECTION TWO: Incident Information

1. Subject Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess): 32	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> White <input type="checkbox"/> Unknown														
4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6)																
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6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																
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If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> After the display or deployment Other comments:
8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply: <input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact; <input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation; <input type="checkbox"/> Professional provided limited positive or helpful impact on the situation; <input type="checkbox"/> Contact was attempted but no one could be reached; <input type="checkbox"/> Professional helped reduce the time officers had to be at the scene; <input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department; <input type="checkbox"/> Professional helped provide appropriate follow-up and service provision; <input type="checkbox"/> Intervention was ineffective.
<b>SECTION THREE: ADDITIONAL INFORMATION</b>
Decision to use CEW was based on: <input type="checkbox"/> Active aggression of subject; <input checked="" type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur; <input type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.
What was the subject's response to the use of the CEW? <input type="checkbox"/> Subject was compliant directly after use of CEW; <input type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force; <input type="checkbox"/> CEW failed; subject had to be handled through other means. State reason for failure if known:
Was any other force used in addition to the CEW? Check all that apply: <input type="checkbox"/> OC <input type="checkbox"/> Firearm <input type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> other (describe): Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input type="checkbox"/> After
Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? <input type="checkbox"/> Officer <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals
Check any box below relating to noteworthy details not already described: <input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge; <input type="checkbox"/> Subject was near or in water at time of incident; <input type="checkbox"/> Subject was wearing heavy clothes; <input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot; <input type="checkbox"/> Subject was fleeing when CEW probe shot.
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# Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

## SECTION ONE: Display and/or Deployment Information

Case Number:	21BN 021181	Location of Incident:	St Louis St 1
Date of Incident:	12/23/21	Time of Incident:	1450 hrs
CEW Model:	X2	CEW Serial Number:	X3000CUAW
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input type="checkbox"/> Drive stun mode	No. of cycles:	
		Location where was CEW held against subject's body:	
Was a recording device running at the time of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form)			
Was subject charged with a crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what charge(s):			

## SECTION TWO: Incident Information

1. Subject Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess):	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown
4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6)		
<input type="checkbox"/> Pregnant <input type="checkbox"/> Elderly (Over the age of 65) <input type="checkbox"/> Child (Under the age of 18) <input type="checkbox"/> Low body-mass index (Body type is Thin) <input type="checkbox"/> Disability <input type="checkbox"/> Mental health condition <input type="checkbox"/> Developmental/intellectual disability <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> Heart condition <input type="checkbox"/> Deaf/hard of hearing <input type="checkbox"/> Low vision/blind		
5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply: <input type="checkbox"/> Subject notified officer <input type="checkbox"/> Professional witness <input type="checkbox"/> Personal perception of the subject <input type="checkbox"/> Civilian witness <input type="checkbox"/> Dispatch		
6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? <input checked="" type="checkbox"/> No (If no, go to Section Three) <input type="checkbox"/> Yes		

If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> After the display or deployment Other comments:
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Decision to use CEW was based on: <input checked="" type="checkbox"/> Active aggression of subject; <input type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur; <input type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.
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Was any other force used in addition to the CEW? Check all that apply: <input type="checkbox"/> OC <input type="checkbox"/> Firearm <input type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> other (describe): Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input type="checkbox"/> After
Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>not deployed</i> If yes, by whom? <input type="checkbox"/> Officer <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals
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## SECTION ONE: Display and/or Deployment Information

Case Number:	21BY021181	Location of Incident:	57 Loomis St #1
Date of Incident:	11/23/21	Time of Incident:	1450 hours
CEW Model:	X2	CEW Serial Number:	X3000 CVAW
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input type="checkbox"/> Drive stun mode	No. of cycles:	
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Was a recording device running at the time of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
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Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what charge(s):			

## SECTION TWO: Incident Information

1. Subject Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess):	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown														
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Was any other force used in addition to the CEW? Check all that apply: <input type="checkbox"/> OC <input type="checkbox"/> Firearm <input type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> Other (describe): Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input type="checkbox"/> After
Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>wasn't deployed</i> If yes, by whom? <input type="checkbox"/> Officer <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals
Check any box below relating to noteworthy details not already described: <input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge; <input type="checkbox"/> Subject was near or in water at time of incident; <input type="checkbox"/> Subject was wearing heavy clothes; <input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot; <input type="checkbox"/> Subject was fleeing when CEW probe shot.
Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If no, describe why not:

Return this completed form via scan or email to:  
 Executive Director Richard Gauthier  
 Vermont Criminal Justice Training Council  
 317 Academy Road, Pittsford, VT 05763  
 Tel: (802)483-6228 Fax: (802)483-2343  
 Richard.Gauthier@Vermont.Gov





# Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

## SECTION ONE: Display and/or Deployment Information

Case Number:	22BV001A17	Location of Incident:	1 Mill Street Burlington VT
Date of Incident:	2/9/22	Time of Incident:	2136
CEW Model:	Taser x2	CEW Serial Number:	X3000CVN12
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input type="checkbox"/> Drive stun mode	No. of cycles:	
		Location where was CEW held against subject's body:	
Was a recording device running at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form)			
Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what charge(s):			

## SECTION TWO: Incident Information

1. Subject Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess): 38	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> White <input type="checkbox"/> Unknown
4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6) <input type="checkbox"/> Pregnant <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Elderly (Over the age of 65) <input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders <input type="checkbox"/> Child (Under the age of 18) <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> Low body-mass index (Body type is Thin) <input type="checkbox"/> Heart condition <input type="checkbox"/> Disability <input type="checkbox"/> Deaf/hard of hearing <input type="checkbox"/> Mental health condition <input type="checkbox"/> Low vision/blind <input type="checkbox"/> Developmental/intellectual disability		
5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply: <input type="checkbox"/> Subject notified officer <input type="checkbox"/> Civilian witness <input type="checkbox"/> Professional witness <input type="checkbox"/> Dispatch <input type="checkbox"/> Personal perception of the subject		
6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? <input checked="" type="checkbox"/> No (If no, go to Section Three) <input type="checkbox"/> Yes		

If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> After the display or deployment Other comments:
8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply: <input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact; <input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation; <input type="checkbox"/> Professional provided limited positive or helpful impact on the situation; <input type="checkbox"/> Contact was attempted but no one could be reached; <input type="checkbox"/> Professional helped reduce the time officers had to be at the scene; <input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department; <input type="checkbox"/> Professional helped provide appropriate follow-up and service provision; <input type="checkbox"/> Intervention was ineffective.
<b>SECTION THREE: ADDITIONAL INFORMATION</b>
Decision to use CEW was based on: <input type="checkbox"/> Active aggression of subject; <input type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur; <input checked="" type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.
What was the subject's response to the use of the CEW? <input checked="" type="checkbox"/> Subject was compliant directly after use of CEW; <input type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force; <input type="checkbox"/> CEW failed; subject had to be handled through other means. State reason for failure if known:
Was any other force used in addition to the CEW? Check all that apply: <input type="checkbox"/> OC <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> other (describe): _____ Was this additional use of force before or after use of the CEW? <input checked="" type="checkbox"/> Before <input type="checkbox"/> After
Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by whom? <input type="checkbox"/> Officer <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals
Check any box below relating to noteworthy details not already described: <input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge; <input type="checkbox"/> Subject was near or in water at time of incident; <input checked="" type="checkbox"/> Subject was wearing heavy clothes; <input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot; <input type="checkbox"/> Subject was fleeing when CEW probe shot.
Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If no, describe why not:

*Return this completed form via scan or email to:*

Executive Director Richard Gauthier  
 Vermont Criminal Justice Training Council  
 317 Academy Road, Pittsford, VT 05763  
 Tel: (802)483-6228 Fax: (802)483-2343  
 Richard.Gauthier@Vermont.Gov



# Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

## SECTION ONE: Display and/or Deployment Information

Case Number:	2184	Location of Incident:	135 Green Acres Dr. BTU
Date of Incident:	2/17/2022	Time of Incident:	~ 0615 hrs
CEW Model:	X3	CEW Serial Number:	X3000CVNA
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input type="checkbox"/> Drive stun mode	No. of cycles:	
		Location where was CEW held against subject's body:	
Was a recording device running at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form)			
Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what charge(s):			

## SECTION TWO: Incident Information

1. Subject Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess): 36	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown
4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6)		
<input type="checkbox"/> Pregnant <input type="checkbox"/> Elderly (Over the age of 65) <input type="checkbox"/> Child (Under the age of 18) <input type="checkbox"/> Low body-mass index (Body type is Thin) <input type="checkbox"/> Disability <input type="checkbox"/> Mental health condition <input type="checkbox"/> Developmental/intellectual disability <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> Heart condition <input type="checkbox"/> Deaf/hard of hearing <input type="checkbox"/> Low vision/blind		
5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply:		
<input type="checkbox"/> Subject notified officer <input type="checkbox"/> Professional witness <input type="checkbox"/> Personal perception of the subject <input type="checkbox"/> Civilian witness <input type="checkbox"/> Dispatch		
6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? <input checked="" type="checkbox"/> No (If no, go to Section Three) <input type="checkbox"/> Yes		

If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> After the display or deployment Other comments:
8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply: <input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact; <input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation; <input type="checkbox"/> Professional provided limited positive or helpful impact on the situation; <input type="checkbox"/> Contact was attempted but no one could be reached; <input type="checkbox"/> Professional helped reduce the time officers had to be at the scene; <input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department; <input type="checkbox"/> Professional helped provide appropriate follow-up and service provision; <input type="checkbox"/> Intervention was ineffective.
<b>SECTION THREE: ADDITIONAL INFORMATION</b>
Decision to use CEW was based on: <input type="checkbox"/> Active aggression of subject; <input type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur; <input type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.
What was the subject's response to the use of the CEW? <input type="checkbox"/> Subject was compliant directly after use of CEW; <input type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force; <input type="checkbox"/> CEW failed; subject had to be handled through other means. State reason for failure if known:
Was any other force used in addition to the CEW? Check all that apply: <input type="checkbox"/> OC <input type="checkbox"/> Firearm <input type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> other (describe): Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input type="checkbox"/> After
Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? <input type="checkbox"/> Officer <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals
Check any box below relating to noteworthy details not already described: <input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge; <input type="checkbox"/> Subject was near or in water at time of incident; <input type="checkbox"/> Subject was wearing heavy clothes; <input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot; <input type="checkbox"/> Subject was fleeing when CEW probe shot.
Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If no, describe why not:

**Return this completed form via scan or email to:**

Executive Director Richard Gauthier  
 Vermont Criminal Justice Training Council  
 317 Academy Road, Pittsford, VT 05763  
 Tel: (802)483-6228 Fax: (802)483-2343  
 Richard.Gauthier@Vermont.Gov



# Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

## SECTION ONE: Display and/or Deployment Information

Case Number:	22B400 0458	Location of Incident:	206 N. Champlain St.
Date of Incident:	02/20/22	Time of Incident:	1253
CEW Model:	X2	CEW Serial Number:	X3000CVHY
Use of CEW: Check all that apply	<input type="checkbox"/> CEW displayed		
	<input checked="" type="checkbox"/> Probes fired	Location where probes hit subject:	lower chest/leg region
	<input type="checkbox"/> Drive stun mode	No. of cycles:	2x probe deployment
Location where was CEW held against subject's body:			
Was a recording device running at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form)			
Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what charge(s):			

## SECTION TWO: Incident Information

1. Subject Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess): 38	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> White <input type="checkbox"/> Unknown
4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6)		
<input type="checkbox"/> Pregnant <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Elderly (Over the age of 65) <input checked="" type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders <input type="checkbox"/> Child (Under the age of 18) <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> Low body-mass index (Body type is Thin) <input type="checkbox"/> Heart condition <input type="checkbox"/> Disability <input type="checkbox"/> Deaf/hard of hearing <input checked="" type="checkbox"/> Mental health condition <input type="checkbox"/> Low vision/blind <input type="checkbox"/> Developmental/intellectual disability		
5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply:		
<input type="checkbox"/> Subject notified officer <input checked="" type="checkbox"/> Civilian witness <input checked="" type="checkbox"/> Professional witness <input type="checkbox"/> Dispatch <input type="checkbox"/> Personal perception of the subject		
6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? <input type="checkbox"/> No (If no, go to Section Three) <input checked="" type="checkbox"/> Yes		

If yes, contacted by: ☒ Officer or ☐ Someone Else (list whom): \_\_\_\_\_  
If yes, when?

- ☒ Prior to the display or deployment  
☐ During the display or deployment  
☐ After the display or deployment

Other comments:

8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply:

- ☐ Professional assisted to resolve situation more promptly or with less coercion than without contact;  
☐ Professional did not result in any positive or helpful impact on the situation;  
☐ Professional provided limited positive or helpful impact on the situation;  
☐ Contact was attempted but no one could be reached;  
☐ Professional helped reduce the time officers had to be at the scene;  
☐ Professional helped avoid involuntary placement in detention or emergency department;  
☒ Professional helped provide appropriate follow-up and service provision;  
☐ Intervention was ineffective.

### SECTION THREE: ADDITIONAL INFORMATION

Decision to use CEW was based on:

- ☒ Active aggression of subject;  
☐ Active resistance of subject, with injuries to others or subject likely to occur;  
☒ Anticipated injuries to subject, officer, or others at scene.

What was the subject's response to the use of the CEW?

- ☒ Subject was compliant directly after use of CEW; *After second deployment*  
☐ Subject was not compliant directly after use of CEW, requiring additional force;  
☐ CEW failed; subject had to be handled through other means. State reason for failure if known:

Was any other force used in addition to the CEW? Check all that apply:

- ☐ OC ☐ Firearm ☐ Physical force ☐ Baton

☒ Other (describe): *Empty hand controls*

Was this additional use of force before or after use of the CEW? ☐ Before ☒ After

Was medical assistance provided to the subject following the use of the CEW? ☒ Yes ☐ No

If yes, by whom? ☐ Officer ☒ EMS personnel ☒ Other emergency or health care professionals

Check any box below relating to noteworthy details not already described:

- ☐ Incident occurred on an elevated location such as a roof, stairs, or bridge;  
☐ Subject was near or in water at time of incident;  
☒ Subject was wearing heavy clothes;  
☐ Subject was more than 25 feet away when CEW probe shot;  
☐ Subject was fleeing when CEW probe shot.

Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? ☒ Yes ☐ No ☐ N/A

If no, describe why not:

Return this completed form via scan or email to:

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Vermont Criminal Justice Training Council  
317 Academy Road, Pittsford, VT 05763  
Tel: (802)483-6228 Fax: (802)483-2343  
Richard.Gauthier@Vermont.Gov



# Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

## SECTION ONE: Display and/or Deployment Information

Case Number:	22BU004877	Location of Incident:	343 N. Winslow Ave
Date of Incident:	04/08/22	Time of Incident:	0330 Hrs.
CEW Model:	X2	CEW Serial Number:	X3000CVTO
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input type="checkbox"/> Drive stun mode	No. of cycles:	
		Location where was CEW held against subject's body:	
Was a recording device running at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form)			
Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what charge(s): <u>Impeding Arrest</u>			

## SECTION TWO: Incident Information

1. Subject Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess):  36	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown
4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6)		
<input type="checkbox"/> Pregnant <input type="checkbox"/> Elderly (Over the age of 65) <input type="checkbox"/> Child (Under the age of 18) <input type="checkbox"/> Low body-mass index (Body type is Thin) <input type="checkbox"/> Disability <input type="checkbox"/> Mental health condition <input type="checkbox"/> Developmental/intellectual disability <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> Heart condition <input type="checkbox"/> Deaf/hard of hearing <input type="checkbox"/> Low vision/blind		
5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply:		
<input type="checkbox"/> Subject notified officer <input type="checkbox"/> Professional witness <input type="checkbox"/> Personal perception of the subject <input type="checkbox"/> Civilian witness <input type="checkbox"/> Dispatch		
6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? <input checked="" type="checkbox"/> No (If no, go to Section Three) <input type="checkbox"/> Yes		

If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> After the display or deployment Other comments:
8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply: <input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact; <input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation; <input type="checkbox"/> Professional provided limited positive or helpful impact on the situation; <input type="checkbox"/> Contact was attempted but no one could be reached; <input type="checkbox"/> Professional helped reduce the time officers had to be at the scene; <input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department; <input type="checkbox"/> Professional helped provide appropriate follow-up and service provision; <input type="checkbox"/> Intervention was ineffective.
<b>SECTION THREE: ADDITIONAL INFORMATION</b>
Decision to use CEW was based on: <input type="checkbox"/> Active aggression of subject; <input checked="" type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur; <input type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.
What was the subject's response to the use of the CEW? <input type="checkbox"/> Subject was compliant directly after use of CEW; <input checked="" type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force; <input type="checkbox"/> CEW failed; subject had to be handled through other means. State reason for failure if known:
Was any other force used in addition to the CEW? Check all that apply: <input type="checkbox"/> OC <input type="checkbox"/> Firearm <input checked="" type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> other (describe): Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input checked="" type="checkbox"/> After
Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by whom? <input type="checkbox"/> Officer <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals
Check any box below relating to noteworthy details not already described: <input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge; <input type="checkbox"/> Subject was near or in water at time of incident; <input type="checkbox"/> Subject was wearing heavy clothes; <input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot; <input type="checkbox"/> Subject was fleeing when CEW probe shot.
Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If no, describe why not:

**Return this completed form via scan or email to:**

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 Richard.Gauthier@Vermont.Gov





# Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

## SECTION ONE: Display and/or Deployment Information

Case Number:	278004877	Location of Incident:	343 N. WINDOCK AVE #13 Burlington
Date of Incident:	04/08/2022-04/09/2022	Time of Incident:	2309
CEW Model:	X2	CEW Serial Number:	X3000 C.E.T.
Use of CEW: Check all that apply	<input checked="" type="checkbox"/> CEW displayed		
	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input checked="" type="checkbox"/> Drive stun mode	No. of cycles:	0
		Location where was CEW held against subject's body:	BACK / BUTTCKS
Was a recording device running at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form)			
Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what charge(s): <del>AGGRAVATED BATTERY</del> / IMPEDING			

## SECTION TWO: Incident Information

1. Subject Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	2. Subject Age (if unknown, give an approximate guess): 36	3. Perceived race of subject at the time of display or deployment: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> White <input type="checkbox"/> Unknown
4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6)		
<input type="checkbox"/> Pregnant <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Elderly (Over the age of 65) <input type="checkbox"/> Emotional crisis to the extent subject may have had difficulty understanding requests or orders <input type="checkbox"/> Child (Under the age of 18) <input type="checkbox"/> Epilepsy/seizure disorder <input type="checkbox"/> Low body-mass index (Body type is Thin) <input type="checkbox"/> Heart condition <input type="checkbox"/> Disability <input type="checkbox"/> Deaf/hard of hearing <input type="checkbox"/> Mental health condition <input type="checkbox"/> Low vision/blind <input type="checkbox"/> Developmental/intellectual disability		
5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply:		
<input type="checkbox"/> Subject notified officer <input type="checkbox"/> Civilian witness <input type="checkbox"/> Professional witness <input type="checkbox"/> Dispatch <input type="checkbox"/> Personal perception of the subject		
6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? <input checked="" type="checkbox"/> No (If no, go to Section Three) <input type="checkbox"/> Yes		

If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> After the display or deployment Other comments:
8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply: <input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact; <input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation; <input type="checkbox"/> Professional provided limited positive or helpful impact on the situation; <input type="checkbox"/> Contact was attempted but no one could be reached; <input type="checkbox"/> Professional helped reduce the time officers had to be at the scene; <input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department; <input type="checkbox"/> Professional helped provide appropriate follow-up and service provision; <input type="checkbox"/> Intervention was ineffective.
<b>SECTION THREE: ADDITIONAL INFORMATION</b>
Decision to use CEW was based on: <input type="checkbox"/> Active aggression of subject; <input checked="" type="checkbox"/> Active resistance of subject, with injuries to others or subject likely to occur; <input checked="" type="checkbox"/> Anticipated injuries to subject, officer, or others at scene.
What was the subject's response to the use of the CEW? <input checked="" type="checkbox"/> Subject was compliant directly after use of CEW; <input type="checkbox"/> Subject was not compliant directly after use of CEW, requiring additional force; <input type="checkbox"/> CEW failed; subject had to be handled through other means. State reason for failure if known:
Was any other force used in addition to the CEW? Check all that apply: <input type="checkbox"/> OC <input type="checkbox"/> Firearm <input type="checkbox"/> Physical force <input type="checkbox"/> Baton <input type="checkbox"/> other (describe): Was this additional use of force before or after use of the CEW? <input type="checkbox"/> Before <input type="checkbox"/> After
Was medical assistance provided to the subject following the use of the CEW? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by whom? <input type="checkbox"/> Officer <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other emergency or health care professionals
Check any box below relating to noteworthy details not already described: <input type="checkbox"/> Incident occurred on an elevated location such as a roof, stairs, or bridge; <input type="checkbox"/> Subject was near or in water at time of incident; <input type="checkbox"/> Subject was wearing heavy clothes; <input type="checkbox"/> Subject was more than 25 feet away when CEW probe shot; <input type="checkbox"/> Subject was fleeing when CEW probe shot.
Was the training "Interacting with People Experiencing a Mental Health Crisis" (also known as Act 80 training) useful in dealing with this incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If no, describe why not:

Return this completed form via scan or email to:  
 Executive Director Richard Gauthier  
 Vermont Criminal Justice Training Council  
 317 Academy Road, Pittsford, VT 05763  
 Tel: (802)483-6228 Fax: (802)483-2343  
 Richard.Gauthier@Vermont.Gov



# Conducted Electrical Weapon Reporting Form

To be completed by any Vermont Law Enforcement Officer after the display or deployment of a Conducted Electrical Weapon (CEW)

## SECTION ONE: Display and/or Deployment Information

Case Number:	2280987	Location of Incident:	343 N. Wood St. Burlington
Date of Incident:	4/8-9/2022	Time of Incident:	2300
CEW Model:	X2	CEW Serial Number:	X300CET1
Use of CEW: <input checked="" type="checkbox"/> CEW displayed			
Check all that apply:	<input type="checkbox"/> Probes fired	Location where probes hit subject:	
	<input type="checkbox"/> Drive stun mode	No. of cycles:	
		Location where CEW held against subject's body:	
Was a recording device running at the time of the incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was it a <input checked="" type="checkbox"/> Body Cam <input type="checkbox"/> Dashboard Cam <input type="checkbox"/> other (describe):			
Was the subject: <input checked="" type="checkbox"/> Human OR <input type="checkbox"/> Animal (if animal, STOP here and submit form)			
Was subject charged with a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what charge(s):			

## SECTION TWO: Incident Information

1. Subject Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
2. Subject Age (if unknown, give an approximate guess):	45
3. Perceived race of subject at the time of display or deployment:	<input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown

4. Before deployment, did you have reason to believe the subject was a member of a special population? If yes, check all that apply. (If none apply, go to Question 6)

<input type="checkbox"/> Pregnant	<input type="checkbox"/> Elderly (Over the age of 65)	<input type="checkbox"/> Child (Under the age of 18)
<input type="checkbox"/> Low body-mass index (Body type is Thin)	<input type="checkbox"/> Disability	<input type="checkbox"/> Mental health condition
<input type="checkbox"/> Developmental/intellectual disability	<input type="checkbox"/> Subject notified officer	<input type="checkbox"/> Professional witness
<input type="checkbox"/> Personal perception of the subject	<input type="checkbox"/> Dispatch	

5. How did you obtain information leading to your belief that the subject was a member of a special population? Check all that apply:

<input type="checkbox"/> Subject notified officer	<input type="checkbox"/> Civilian witness	<input type="checkbox"/> Dispatch
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6. To the best of your knowledge, was the person under the influence of alcohol or other drugs at the time of the incident? ☒ Yes ☐ No ☐ Unknown

7. Were mental health or developmental disabilities professionals contacted for assistance with the subject? ☒ No (If no, go to Section Three) ☐ Yes

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If yes, contacted by: <input type="checkbox"/> Officer or <input type="checkbox"/> Someone Else (list whom): _____ If yes, when? <input type="checkbox"/> Prior to the display or deployment <input type="checkbox"/> During the display or deployment <input type="checkbox"/> After the display or deployment Other comments:		8. What was the outcome of that attempt to contact mental health care or developmental disability professionals? Check all that apply: <input type="checkbox"/> Professional assisted to resolve situation more promptly or with less coercion than without contact; <input type="checkbox"/> Professional did not result in any positive or helpful impact on the situation; <input type="checkbox"/> Professional provided limited positive or helpful impact on the situation; <input type="checkbox"/> Contact was attempted but no one could be reached; <input type="checkbox"/> Professional helped reduce the time officers had to be at the scene; <input type="checkbox"/> Professional helped avoid involuntary placement in detention or emergency department; <input type="checkbox"/> Professional helped provide appropriate follow-up and service provision; <input type="checkbox"/> Intervention was ineffective.	
<b>SECTION THREE: ADDITIONAL INFORMATION</b>			
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